ADALIMUMAB-INDUCED MULTIPLE SCLEROSIS IN A PATIENT WITH IBD-RELATED ARTHRITIS

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TNF blockers have revolutionized the management of immune-mediated inflammatory diseases. Despite their relatively safe profile, an increasing number of reported neurological adverse events suggest a role for TNF inhibitors in the induction of central and peripheral nervous system demyelination.

We report a 21 year-old Qatari gentleman who was on adalimumab for HLA-B27 negative peripheral spondyloarthritis. After being maintained on adalimumab for 2 years, he presented acutely with headache, urinary incontinence and bilateral lower limb numbness that progressed to mid-trunk over 2 days. The neurological examination revealed dysesthesias of lower extremities and trunk up to T4 dermatomes with brisk tendon reflexes. His muscle power and cranial nerves examination were normal.

A diagnosis of multiple sclerosis has been suggested by the typical findings of classical multiple hyper-intense enhancing lesions (figure 1). Our patient has no family history for such diagnosis.

[figure 1: MRI scan showing multiple hyper intense white matter lesions]

Discontinuation of Adalimumab resulted in complete resolution of the neurological symptoms within a month. However, he then developed abdominal pain with loose bloody motions for which Ilio-colonoscopy and biopsy confirmed the diagnosis of Crohn's disease.

We think that his GI symptoms were unmasked by the discontinuation of his Adalimumab. Interestingly we found that he has a strong family history of inflammatory bowel disease.

This case illustrates the importance of being vigilant for neurological side effects of anti-TNF α blockers with early discontinuation of the TNF- α blockers and requesting urgent MRI scan. Long term follow up is mandated in such cases to trace relapse rate and clinical outcome.